

THE TRUE ONE-HANDED TIE

479

Thomas E. Starzl, M.D., F.A.C.S., *Pittsburgh, Pennsylvania,*
Goran B. G. Klintmalm, M.D., *Stockholm, Sweden, and*
Shunzaburo Iwatsuki, M.D., *Pittsburgh, Pennsylvania*

OCCASIONALLY, surgeons find themselves in a dilemma in which one of their hands is required to maintain exposure while, at the same time, the surgeon is the only one in position to tie a suture or ligature. The technique described herein can then be used.

tie steady. With the free hand, the surgeon can place knots against the assistant's fixed end of the string (Fig. 1a). To facilitate the actual looping of knots, the assistant may slightly relax his or her end, but when the knot is tightened by the surgeon in the depth of the wound, the assistant must

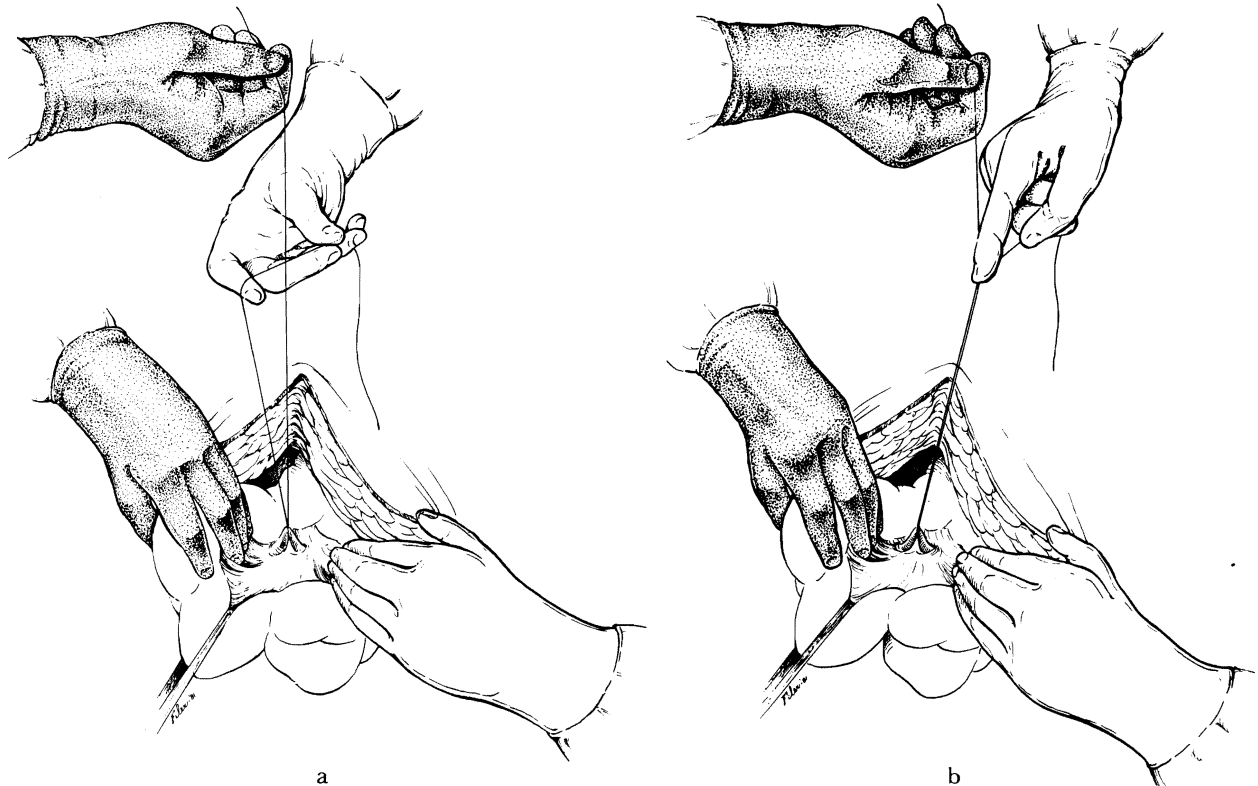


FIG. 1. a, Initial position in which surgeon maintains exposure with the left hand while beginning the tie with the right hand. b, First loop is guided into position against countertraction of an assistant.

The one-handed tie described in most surgical textbooks is shared by the surgeon and an assistant to whom one end of the suture is given. The task of the assistant is to hold his or her end of the

hold up firmly. It is then easy for the surgeon to move the knot down to its definitive location, as demonstrated in Figure 1b. The tightness of the knot is controlled quite easily by the surgeon, providing there is effective countertraction by the assistant.

From the Department of Surgery, University of Pittsburgh School of Medicine, Pittsburgh.